09003068

FORM D

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: December 31, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity					
Name of Issuer	Previous	Name(s)	× None		Entity Type (Selectione)
Network Vision Software, Inc.	Fievious	1401116(3)	X) None	i	★ Corporation
Jurisdiction of Incorporation/Organization	on L		C	CCE	Limited Partnership
Delaware			PROCE	JUL	Limited Liability Company
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five (specify years)	ve Years 2004] ○ Ye	MAR 1		General Partnership Business Trust Other (Specify)
(If more than one issuer is filing this notice, Item 2. Principal Place of Busines		•	•	attaching	ltems 1 and 2 Continuation Page(s).)
Street Address 1			Street Address 2		
44 Merrimac Street					
City	State/Province	e/Country	ZIP/Postal Code		Phone No.
Newburyport	MA		01950	ĺ	978-499-7800
Item 3. Related Persons				Į.	
Last Name	First N	iame		-	Middle Name
Fondi	Mark				
Street Address 1			Street Address 2		·
c/o Network Vision Software, Inc.			44 Merrimac Street		
City	State/Province/	Country	ZIP/Postal Code		(:
Newburyport	MA		01950		,
					
Relationship(s): 🔀 Executive Officer	X Director	Promoter	·		
Clarification of Response (if Necessary)					
Item 4. Industry Group (Selection Agriculture	•	lated person: Business	s by checking this box Services	and att	taching Item 3 Continuation Page(s).) Construction
Banking and Financial Services		Energy			REITS & Finance
Commercial Banking		$\stackrel{\smile}{\sim}$	ric Utilities		Residential
Insurance Investing		\simeq .	gy Conservation Mining		Other Real Estate
Investment Banking		_	onmental Services	\circ	Retailing
Pooled Investment Fund		018		\circ	Restaurants
If selecting this ind astry group, also se		Other	Energy		Technology Computers
type below and an wer the question b	pelow:	Health Ca	-		Telecommunications
Hedge Fund Private Equity Fund		\simeq	chnology ninsurance		Other Technology
Venture Capital Fund		\sim	tals & Physcians		Travel
Other Investment Fund		\sim	aceuticals		Airlines & Airports
Is the issuer registered as an investment		~	Health Care		Lodging & Conventions
company under the investment Act of 1940? Yes N	~	Manufact	uring		Other Travel
Otner Banking & Financial Services		Real Estat	t e nercial	•	Other

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Item 5. Issuer Size (Select one)		
Revenue Range (for is suer not specifying "hedge" or "other investment" fund in Item 4 above) No Revenues	OR	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above) No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
Decline to D sclose		O Decline to Disclose
Not Applicable		Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	aimed (Se	lect all that apply)
		npany Act Section 3(c)
Rule 504(b)(1) (not (f,, (ii) or (iii))	Section 3(c	c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c	
Rule 504(b)(1)(ii)	Section 3(c	
Rule 504(b)(1)(iii)	Section 3(c	
Rule 505		
	Section 3(c	
Securities Act Section 4(6)	Section 3(
	Section 3(c	c)(7)
Item 7. Type of Filing		·
New Notice OR	nt	
Date of First Sale in this Offering: 2/18/2009	OR 🗆	First Sale Yet to Occur
Item 8. Duration of Offering		·
Does the issuer intend this offering to last more than	n one year?	Yes X No
Item 9. Type(s) of Securities Offered (Select	all that appl	ly)
X Equity	Pooled	Investment Fund Interests
☐ Debt	Tenant	-in-Common Securities
	Minera	l Property Securities
Option, Warrant or Other Right to Acquire Another Security		Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
Item 10. Business Combination Transaction	\	
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offi		n Yes 🗵 No
Clarification of Response (if Necessary)		

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Item 11. Minimum Investment 3 N/A Minimum investment accepted from any outside investor Item 12. Sales Compensation ... Recipient Recipient CRD Number None No CRD Number (1°) (Associated) Broker or Dealer CRD Number None (Associated) Broker or Dealer No CRD Number Street Address 1 Street Address 2 State/Province/Country City ZIP/Postal Code [] All States States of Solicitation ☐ KY ☐ LA : ☐ ME IL NI [☐ KS ☐ MA ☐ ML ☐ MN ☐ MS $\square W$ NE TO NO TO NE TO NOTATION OR TO PASSE TO NOTATION OF THE PASSE TO NOTATION OR TO PASSE TO PA _]·MT □ TX UT 7∨τ □ VA □ WA ☐ WV ☐ WI ☐ TN (Identify a dditional person(s) being paid compensation by checking this box 🔲 and attaching Item 12 Continuation Page(s).) Item 13. Offering and Sales Amounts \$ \$774,379.80 (a) Total Offering Amount OR Indefinite (b) Total Amount Sold \$774,379,80 (c) Total Remaining to be Sold OR Indefinite (Subtract (a) from (b)) Clarification of Response (if Necessary) Item 14. Investors Check this box 🗍 if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: Enter the total number of investors who already have invested in the offering: Item 15. Sales Commissions and Finders' Fees Expenses Provide separately the an ounts of sales commissions and finders' fees expenses, If any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ |0 Estimate Finders' Fees \$ |0 Estimate Clarification of Response (if Necessary)

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number.

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Washington, DC 20549

Provide the amount of the gross proceeds of the offering that has be used for payments to any of the persons required to be named director or proposed in the persons required to be named.	d as executive officers, SU	[Estimate
directors or promoters in respo ise to item 3 above, if the amount estimate and check the box nex: to the amount.	is unkridwn, provide an	
Clarification of Response (if Necessary)		
Signature and Subm ssion		
Please verify the informat on you have entered and review	the Terms of Submission below before	signing and submitting this notice.
Terms of Submission. In Submitting this notice, ea	ach identified issuer is:	•
Notifying the SEC and/or each State in which th	vic matica is filled of the affaring of each vi	tion described and
Notifying the SEC and/or each State in which the	•	4
undertaking to furnish them, upon written request, in acc Irrevocably appointing each of the Secretary of		
the State in which the issuer maintains its principal place	•	
process, and agreeing that these persons may accept sen	•	-
such service may be made by registered or certified mail,	· · · ·	· -
against the issuer in any place subject to the jurisdiction of		
activity in connection with the offering of securities that i	•	•
provisions of: (i) the Securities Act of 1933, the Securities I	•	
Company Act of 1940, or the Investment Advisers Act of 1	-	
State in which the issuer maintains its principal place of b	•	
Certifying that, if the issuer is claiming a Rule 50	5 exemption, the issuer is not disqualific	ed from relying on <u>Rule 505 for one of</u>
the reasons stated in Rule 505(b)(2)(iii).		
		•
•	·	
This undertaking does not affect any limits Section 102(a) of th		
110 Stat. 3416 (Oct. 11, 1995)) imposes on the ability of States to "covered securities" for purposes of NSMIA, whether in all instan-	•	•
routinely require offering materials under this undertaking or oti	<u> </u>	
so under NSMIA's preservation of their anti-fraud authority.		
Each identified issuer has read this notice, knows the cont	ents to be true, and has duly caused thi	s notice to be signed on its behalf by the
undersigned duly authorized person. (Check this box	and attach Signature Continuation Pag	ges for signatures of issuers identified
in Item 1 above but not rapresented by signer below.)		
•		
issuer(s)	Name of Signer	
Network Vision Software, Inc.	Mark Fondl	
Signature	Title	
X Maha	President	
The half waster.	· · · · · · · · · · · · · · · · · · ·	Date
Number of continuation pages attached:		2/19/09
تـــــــــــــ Persons who respond to the collection of information contained	tin this form are not sociled to accept the	

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Pelusi	James		A.
Street Address 1		Street Address 2	
c/o Network Vision Soft ware, Inc.		44 Merrimac Street	
City	State/Province/Country	ZIP/Postal Code	
Newburyport	МА	01950	
Relationship(s): X Executive Officer	Director Promoter		
Clarification of Response (f Necessary)			
Last Name	First Name	· <u></u>	Middle Ñame
Zeigenfuse	Robert		A.
Street Address 1		Street Address 2	
c/o Network Vision Software, Inc.		44 Merrimac Street	
City	State/Province/Country	ZIP/Postal Code	
Newburyport	MA	01950	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (f Necessary)			
, , , , , ,			
Last Name	First Name		Middle Name
LUSTITUTIO			
			¬ ,
Hunter	Peter	Street Address 2	A.
Hunter Street Address 1		Street Address 2	¬ ,
Hunter Street Address 1 c/o Network Vision Soft ware, Inc.	Peter	44 Merrimac Street	¬ ,
Hunter Street Address 1 c/o Network Vision Soft ware, Inc. City		44 Merrimac Street ZIP/Postal Code	¬ ,
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport	Peter State/Province/Country MA	44 Merrimac Street	¬ ,
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport Relationship(s):	Peter State/Province/Country MA	44 Merrimac Street ZIP/Postal Code	¬ ,
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport	Peter State/Province/Country MA	44 Merrimac Street ZIP/Postal Code	¬ ,
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport Relationship(s):	Peter State/Province/Country MA	44 Merrimac Street ZIP/Postal Code	¬ ,
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport Relationship(s):	Peter State/Province/Country MA	44 Merrimac Street ZIP/Postal Code	¬ ,
Hunter Street Address 1 c/o Network Vision Soft ware, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary)	Peter State/Province/Country MA Director Promoter	44 Merrimac Street ZIP/Postal Code	A
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary) Last Name	Peter State/Province/Country MA X Director Promoter First Name	44 Merrimac Street ZIP/Postal Code	A
Hunter Street Address 1 c/o Network Vision Soft ware, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary) Last Name Sansouci	State/Province/Country MA Director Promoter First Name Ray	44 Merrimac Street ZIP/Postal Code 01950	A
Hunter Street Address 1 c/o Network Vision Soft ware, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary) Last Name Sansouci Street Address 1	Peter State/Province/Country MA X Director Promoter First Name	44 Merrimac Street ZIP/Postal Code 01950 Street Address 2	A
Hunter Street Address 1 c/o Network Vision Software, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary) Last Name Sansouci Street Address 1 c/o Network Vision Software, Inc.	State/Province/Country MA Director Promoter First Name Ray	44 Merrimac Street ZIP/Postal Code 01950 Street Address 2 44 Merrimac Street	A
Hunter Street Address 1 c/o Network Vision Soft ware, Inc. City Newburyport Relationship(s): Executive Officer Clarification of Response (f Necessary) Last Name Sansouci Street Address 1 c/o Network Vision Software, Inc. City	State/Province/Country MA	2IP/Postal Code O1950 Street Address 2 44 Merrimac Street ZIP/Postal Code	A

(Copy and use additional copies of this page as necessary.)
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